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ABSTRACT

Guidelines to help schools and communities in New York implement or improve a Comprehensive School Health and Wellness (CSHW) program are outlined in this manual. Based on 8 components and 11 interrelated conceptual areas, the 811 Grid offers a framework for assessing current efforts and for planning strategies to improve school/community health. Key features include school collaboration with community resources and shared responsibility. The five-step process involves: (1) organization of an advisory committee; (2) identification of supporting efforts; (3) assessment of current supporting efforts; (4) statement of objectives and development of an action plan; and (5) evaluation and reassessment. Appendices, which comprise two-thirds of the document, include: the components of the CSHW program with questions and suggestions (e.g., healthful school environment, health services, physical education, food services, etc.); blank 811 grid; 811 grid with sample questions; 811 grid analysis; an action plan; and guidelines for establishing an advisory committee. (LMI)

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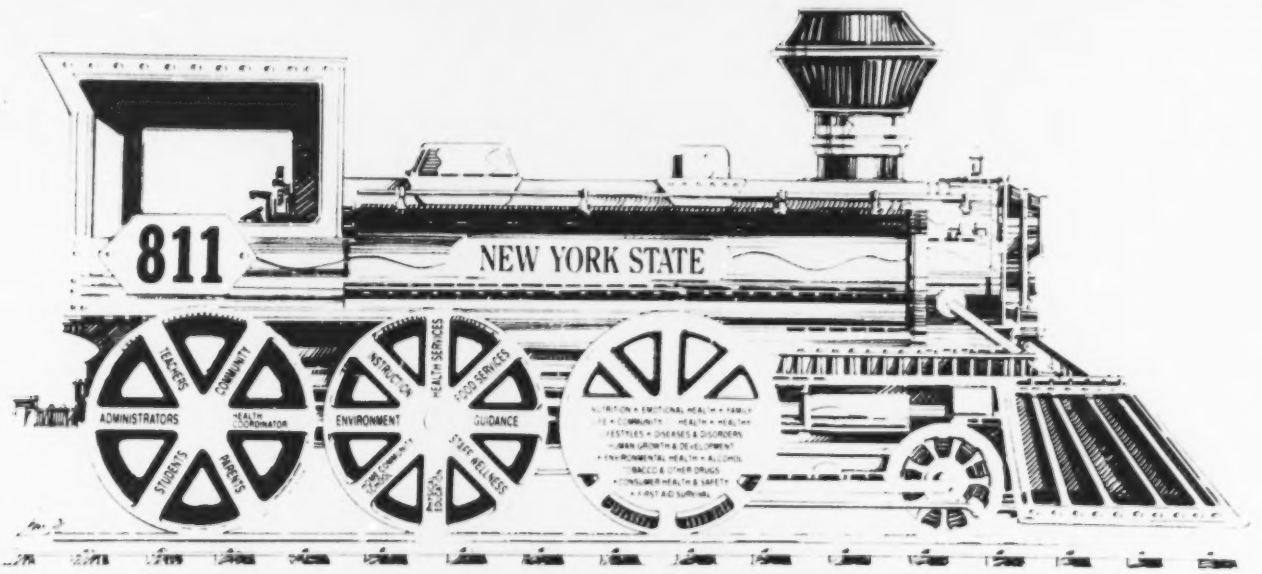
ON THE RIGHT TRACK FOR HEALTH

A Guide for Implementing Comprehensive School Health and Wellness Programs in New York State



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The State Education Department
Division of Pupil Health and Fitness
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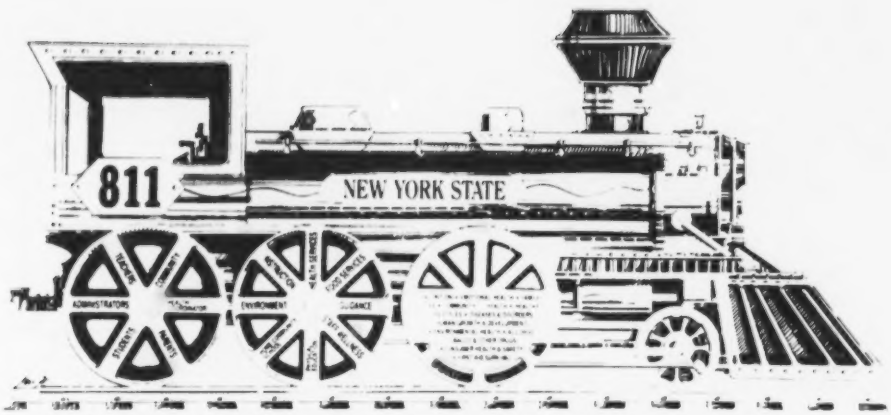

NEW YORK STATE: ON THE RIGHT TRACK FOR HEALTH

A Guide for Implementing Comprehensive School Health and Wellness Programs in New York State

The University of the State of New York
The State Education Department
Division of Pupil Health and Fitness
Albany, New York 12234
1991

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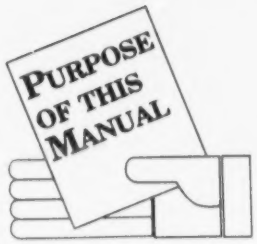


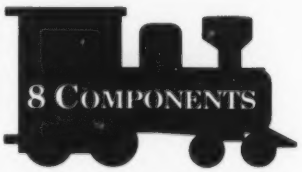
Welcome aboard! You are about to embark on an exciting journey to increase the health and well-being of the children and youth in your community by promoting a comprehensive school health and wellness program. You will see many areas where comprehensive school health and wellness is already at work.

This manual is designed to help schools and communities create, or improve Comprehensive School Health and Wellness using the 811 Grid. The 811 Grid offers a framework for identifying and assessing current efforts supporting Comprehensive School Health and Wellness and for planning strategies to enhance the health and well-being of students and the entire school community. The Grid correlates the 8 *components* of Comprehensive School Health and Wellness with 11 *conceptual areas*.

School administrators, health advisory committees, health coordinators and other school personnel can use this manual to assess their current programs and move forward in the development of a comprehensive school health and wellness program.

WHAT IS COMPREHENSIVE SCHOOL HEALTH AND WELLNESS?

Comprehensive School Health and Wellness (CSHW) represents an expansion of the traditional elements of school health—education, services, and environment—to embrace a broader mission, one in which collaboration with community resources are fostered and everyone in the school shares responsibility for promoting good health. Realizing this mission requires the mobilization of many resources of the home, school, and community to meet the physical, social, intellectual, spiritual, and mental health needs of students, to contribute to the well-being of school staff, and to create a healthful school environment for all.



The 8 *Components* listed below help to define the broad scope and coordinated approach of CSHW, which is concerned with wellness for the whole person. Based on guidelines from the American School Health Association and the Centers for Disease Control, these *components* have gained wide acceptance throughout the nation as the foundation of CSHW.

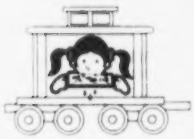
Healthful School Environment — This *component* includes a safe and health-enhancing physical environment; the organization of a healthful school day; an atmosphere which promotes everyone's self-esteem; and the fostering of interrelationships that are favorable to social/emotional health.

Health Instruction — A comprehensive, sequential preK-12 health education curriculum provides structured experiences to facilitate acquisition of health knowledge and skills and adoption of health-enhancing attitudes, beliefs, and behaviors.

Health Services — School health services provide, at a minimum, health screenings; reinforcement of health instruction, with an emphasis on prevention; management of health problems; promotion of healthy lifestyles for students and staff; and counseling and referral to meet individual needs.

Physical Education — A sequential K-12 curriculum that provides a variety of developmental movement activities, health-related physical fitness programs with individual exercise prescriptions to promote physically active lifestyles; integrated health concepts related to fitness, nutrition, weight control, stress management, substance abuse, and safety education.

School Guidance and Counseling — In addition to guidance regarding educational and vocational concerns, a school guidance and counseling program provides primary prevention and early intervention programs that are supportive of the philosophy and goals of the health instruction program and meet the needs of students and staff.



Food Service — School food services provide nutritionally balanced, quality, appealing meals that follow recommended dietary guidelines and reinforce concepts taught in the instructional setting regarding the selection of healthy foods and the adoption of health-enhancing nutritional habits.

Schoolsite Health Promotion — This program draws on the resources that exist in schools—well-maintained facilities and staff who are already engaged in a variety of health promotion activities—to encourage and assist staff in the adoption of health-enhancing lifestyle behaviors.

Integrated School, Community Programs — The coordination of community resources and services with programming in the school improves the school's ability to meet the needs of students and staff. Such collaborations increase the quantity and quality of school health and wellness promotion efforts, redefine institutional roles, and reduce duplication of services.

For further clarification of these eight *components* and programs that might be found in a district with a CSHW program, see Appendix A.

The 11 *conceptual areas* of a healthy lifestyle (which are included in the New York State Health Education syllabus) offer a starting point for expanding school health and wellness efforts in the direction of CSHW. They are:

Human Growth and Development — Knowing the body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health.

Emotional Health — Recognizing the relationships among emotional reaction, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships.

Nutrition — Understanding the role of nutrition in the promotion and maintenance of sound nutritional practices.

Environmental Health — Recognizing that environmental factors have a direct effect on the health of the individual and society, and taking actions that protect and improve the environment.

Family Life Education — Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

Diseases and Disorders — Understanding diseases and disorders, and taking actions to prevent or limit their development.

Consumer Health — Understanding consumer health factors involved in making decisions in selecting and using health information, products, and services.

Alcohol, Tobacco, Other Drug Substances — Understanding the causes and effects of alcohol, tobacco and other drug use and developing personal and social coping skills to make healthy choices.

Safety, First Aid, Survival — Recognizing how safe environments promote health and well-being and learning procedures to reduce risks and make effective responses to emergencies.

Community Health — Understanding the importance of developing health services responsive to community needs and for becoming a contributor to the health of the community.

Healthful Lifestyles — Appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle.

	HUMAN GROWTH AND DEVELOPMENT	EMOTIONAL HEALTH	NUTRITION	ENVIRONMENTAL HEALTH	FAMILY LIFE EDUCATION	DISEASES AND DISORDERS	CONSUMER HEALTH	ALCOHOL TOBACCO AND OTHER DRUGS	SAFETY, FIRST AID, AND SURVIVAL	COMMUNITY HEALTH	HEALTHFUL LIFESTYLES
HEALTHFUL ENVIRONMENT											
HEALTH INSTRUCTION											
HEALTH SERVICES											
PHYSICAL EDUCATION											
SCHOOL GUIDANCE AND COUNSELING											
FOOD SERVICES											
SCHOOL HEALTH PROMOTION											
INTEGRATED SCHOOL/COMMUNITY PROGRAMS											

Does the physical education program include the promotion of health and the importance of physical activity in the reduction of risk factors?

What is currently in place?

What would be ideal for your school?

Using the 811 Grid and Assessment/ Planning Forms

The 811 Grid is a visual representation of the interrelationships between the 8 *Components* and the 11 *Conceptual Areas*. This Grid was developed to assist districts in evaluating their progress toward CSHW. Achieving a CSHW program requires first an identification of the programming, policies, and procedures which are already in place, followed by an assessment of their effectiveness and comprehensiveness. Once this information has been catalogued and evaluated, schools can identify gaps in the provision of CSHW, set priorities for closing those gaps, and develop a plan of action to implement needed programming, policies, and procedures.

A five-step process for using the Grid and the 811 Assessment and Planning forms is described below.

Step 1—Organize a CSHW Advisory Committee

The long-range work of assessing and improving CSHW should be done by a committee representative of the broad scope of health issues involved. Suggestions for establishing an Advisory Committee can be found in Appendix F.

Once organized, the committee, subcommittee, or a school district/ building team should participate in one of the trainings related to CSHW implementation. The State Education Department has a network of regional offices across the State which can be very helpful in assisting with information about the different trainings available to school districts and with the scheduling of trainings for schools.

It is important for the Committee members and/or the training participants to understand that achieving CSHW will require changes in the attitudes and behaviors of individuals (school personnel, parents, and others), in how the school as an organization supports the health of both students and staff, and in how the community collaborates with and reinforces the efforts of the school. It will also require long-term commitment and dedication on the part of the members.

Step 2—Identify All Efforts Supporting CSHW

Using the 811 Grid (Appendix C), the team will individually and then collectively identify the programming, policies, and procedures which interrelate each of the 8 *Components* with each of the 11 *Conceptual Areas*. To stimulate thinking about current efforts and the relationships between *Components* and *Conceptual Areas*, refer to Appendix A. Each question offers a concrete example of the interrelationship between a *Component* and a *Conceptual Area*. As a group, these questions help to define some of the elements of CSHW.

Step 3—Survey Assessments about Current Efforts Directed Toward CSHW

After each team member has had the opportunity to complete the 811 Grid individually, the same process is repeated by the team. Every attempt should be made to reach consensus while proceeding through the assessment process described below. This step is likely to elicit spirited discussion among team members as different viewpoints are expressed.

- Using the questions in Appendix A, assess the efficacy of programming, policies, and procedures for each *Component* in relationship to each *Conceptual Area*. Classify these efforts in one of three ways and color code them on the team's 811 Grid as indicated below:

  Green— They are comprehensive in scope and very effective in their implementation.

  Yellow— They lack comprehensiveness in scope and/or effectiveness in their implementation.

  Red— Very few or no programming, policies, and procedures exist which interrelate a *Component* with a *Conceptual Area*.

- A visual representation of the district's status in developing CSHW will be created by color coding each cell of the team's Grid.

It is suggested that an Analysis Form (See Appendix D) be completed for each cell. All school and community based efforts and the extent to which they are provided (e.g., grade levels of programming, target populations of community agencies) should be identified. In cataloging current efforts, considerable dialogue about programming, policies, and procedures and their appropriateness to a planned interrelationship between a *Component* and a *Conceptual Area* can be expected by the team and other school district personnel.

Using the visual representation of current efforts developed in Step 3, the team can identify priorities for action. At least some of these initial objectives should be achievable in a short-term effort. Having a sense of accomplishment will be important in the face of the long-term effort, where many of the improvements may occur in small elements over time.

STEP 4—IDENTIFY OBJECTIVES AND DEVELOP A PLAN OF ACTION

The 811 Action Plan provided in Appendix E can be used to identify each objective and to outline strategies (programming, policies, and procedures) for accomplishing it. The following questions should be answered for each strategy:

- What is the timeline for implementing the strategy?
- Who needs to be involved (e.g., school staff, parents, community agency staff)?
- Will training be needed? For whom?
- What resources other than people are necessary (e.g., materials, equipment)?
- Is funding needed? If yes, where will funding be found?

Some objectives and suggested strategies, organized by *Component*, are presented in Appendix A. This appendix is intended as a resource to assist school districts in thinking about their stated objectives and how to achieve them.

Step 5—Evaluate Implementation of Initial Objectives and Select New Ones

The last step in the process is to evaluate the effectiveness of the implementation of each objective and to identify new objectives. If certain strategies for achieving objectives have not met expectations, the district should consider what needs to be revised to make implementation successful. When an objective has been accomplished, the color code on the 811 Grid should be changed to green. A new red or yellow area can be targeted for improvement and Steps 4 and 5 repeated, as part of the ongoing effort to make Comprehensive School Health and Wellness a reality.

One final note: The 811 Grid is offered as a starting point for achieving CSHW. The school district should feel free to identify additional areas of need beyond the 8 *Components* and the 11 *Conceptual Areas* and to use the process to establish programming, policies, and procedures to address the needs of the school district.

The 811 Training is a training program available to school districts to develop a better understanding of Comprehensive School Health and Wellness, assess their district's current program status, and create an action plan to promote a healthier lifestyle for students and staff. It is recommended that the team participating in the training consist of personnel representing administration, pupil personnel services, health services, health instruction, food services, physical education, school site wellness, and a community representative. School districts participating in 811 training will be invited to participate in a statewide longitudinal study of Comprehensive School Health and Wellness Programs.

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A|P|P|E|N|D|I|C|E|S

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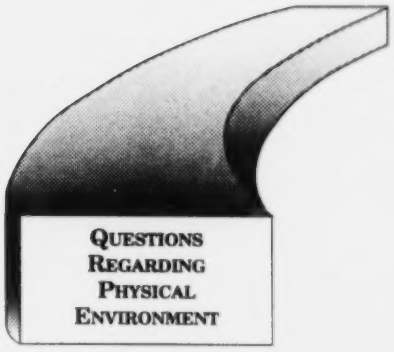
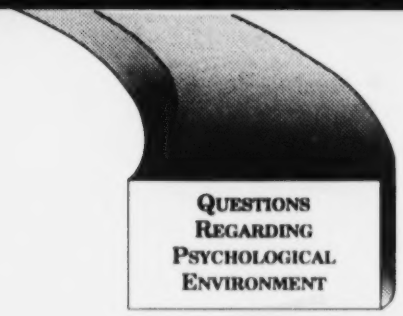
APPENDIX A



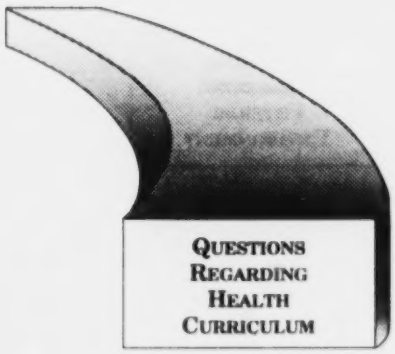
Components of CSHW with Questions and Suggestions

HEALTHFUL SCHOOL ENVIRONMENT

- ❑ Is school tobacco-free?
- ❑ Do procedures to reduce noise exist?
- ❑ Is there hallway supervision?
- ❑ Has all asbestos been removed?
- ❑ Is school physically safe and secure?
- ❑ Is music played during class changes?
- ❑ Is there a drug-free policy concerning staff?
- ❑ Does a risk management program exist?
- ❑ Is school accessible to handicapped students?
- ❑ Does an adequate and secure storage area exist?
- ❑ Does an effective infection control program exist?
- ❑ Are school bus safety codes practiced and followed?
- ❑ Does the school cafeteria have a pleasant atmosphere?
- ❑ Is school equipped with earthquake/tornado safe-structures?
- ❑ Are staff, students, and parents involved in facility planning?
- ❑ Is the school developmentally designed, interesting, and safe?
- ❑ Does adequate heat, light, ventilation, and air conditioning exist?
- ❑ Are classrooms well supplied, visually attractive, and stimulating?
- ❑ Does a periodic review of facility awareness concerning building codes occur?
- ❑ Does awareness exist regarding the use of hazardous materials and toxic substances?
- ❑ Are bathrooms clean and functionally equipped with sufficient soap, toilet paper, and towels?



- ❑ Is scheduling appropriate in meeting needs of students and staff?
- ❑ Does respect for confidentiality exist?
- ❑ Is the student-teacher ratio condusive to learning?
- ❑ Are teachers and staff positive role models?
- ❑ Does respect exist between students and staff?
- ❑ Do policies exist on expectations for student behavior?
- ❑ Are there opportunities for privacy when appropriate or necessary?
- ❑ Does the school provide a positive emotional environment?
- ❑ Are policies humane and rehabilitative rather than punitive?
- ❑ Are there opportunities for personal wellness activities during the school day?
- ❑ Are support groups available for students and staff?



HEALTH INSTRUCTION

- ❑ Is curriculum multicultural?
- ❑ Does the curriculum meet federal and state mandates?
- ❑ Does curriculum include personal and social skill building?
- ❑ Does curriculum include risk reduction and health promotion?
- ❑ Is health curriculum integrated with other kinds of curriculum?
- ❑ Is curriculum subject to periodic revisions based on evaluations?
- ❑ Does an ongoing, sequential, age-appropriate preK-12 program exist?
- ❑ Is curriculum responsive to identified needs, current events, and issues?
- ❑ Is there coordination between physical education and health instruction?
- ❑ Does the curriculum address the influence of the media on health behaviors?

POSSIBLE STRATEGIES

Audiovisuals.
Hands-on strategy.
Parental involvement.
Outcome-based objectives.
Media support, PR support.
Intergenerational programs.
Monitoring of implementation.
Outdoor education component.

Behaviorally based instruction.

Role models for healthy lifestyles.

Utilization of group process in classroom.

Adequate time for instruction and activities.

Appropriate and sufficient resource materials.

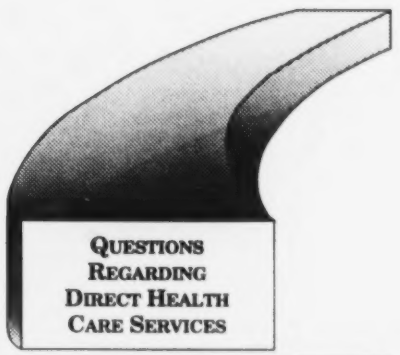
Active student, staff, and teacher involvement?

Incorporation of student learning into community.

Needs assessments; access of state of the art research.

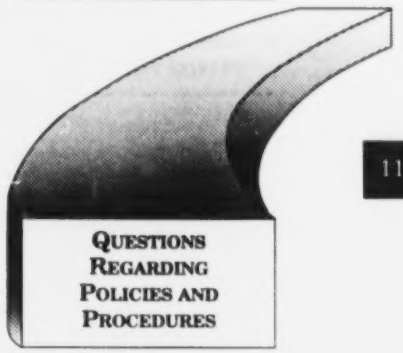
Recognition of all teachers as potential health teachers.

Active ongoing advisory committee with student participation.



HEALTH SERVICES

- ❑ Do appropriate emergency health care services exist?
- ❑ Does an on-site, school-based clinic offering the full range of primary health care for students exist?
- ❑ Do comprehensive health and developmental assessment, monitoring, and screening services exist?
- ❑ Are health care services available to students upon request?
- ❑ Are student health records secured?
- ❑ Are health services financially supported?
- ❑ Does a health service advisory committee exist?
- ❑ Does the district enforce immunization policies?
- ❑ Does a strong written policy on confidentiality exist?
- ❑ Are health facilities designed to ensure student privacy?
- ❑ Do written policies and procedures exist regarding the delivery of health services?
- ❑ Do policies exist regarding the identification, referral, and follow-up procedures for pregnancy, abuse and neglect, HIV, eating disorders, and substance abuse?
- ❑ Are parents involved in and do parents understand health care services? Their policies and procedures?
- ❑ Do designated school staff have regularly updated First Aid and CPR training?
- ❑ Is there a case management system for all children having a chronic or handicapping condition?



Possible Programs and Activities

Self-help groups.

Child support teams.

Psychological support services.

Substance abuse counseling education.

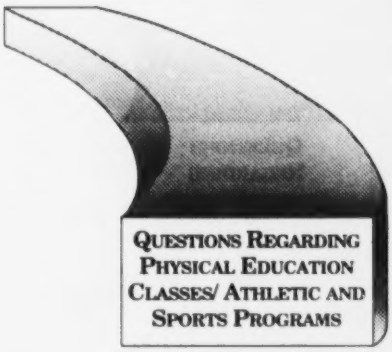
Linkages with community-based services.

Transportation for youth to health care agencies.

School-based programs for parenting and pregnant teens including child care and transportation services.

Programs to provide for the needs of technologically dependent students.

Directory of health services addressing mental, physical, and emotional needs.



PHYSICAL EDUCATION

Curriculum

- ❑ Does a sequential preK-12 curriculum exist?
- ❑ Do programs exist for the physically challenged?
- ❑ Do personal goals and personal contract programs exist?
- ❑ Do safe and adequate facilities with tested equipment exist?
- ❑ Does the opportunity exist to participate in co-ed programs?
- ❑ Do physical education classes incorporate movement, rhythm and dance, perceptual/motor skills, games, sports, self-testing activities, gymnastics, aquatics(when possible), and outdoor living skills?
- ❑ Are physical education classes taught by qualified and certified physical educators?
- ❑ Is equal emphasis placed on physical education for all children, not just those involved with school sports?
- ❑ Are special education students mainstreamed into physical education programs?
- ❑ Do physical education programs integrate safety education, stress reduction, and a drug-free environment?
- ❑ Do special programs such as New Games, Project Adventure, Olympics, and Cooperative Games exist?
- ❑ Do students receive individualized exercise prescriptions in health-related physical fitness programs?
- ❑ Are students taught concepts related to fitness, self-esteem, values education, multicultural awareness, and aesthetics?

Athletic/Sports Programs

- ❑ Is equal priority given female sport programs?
- ❑ Are certified athletic trainers involved in all school sports programs?
- ❑ Does a well-organized medical evaluation system exist for all sports participants?
- ❑ Are the appropriately trained medical personnel present at all games and practice sessions?
- ❑ Does criteria exist for the inclusion and continuing participation in all extracurricular activities?

Possible Activities

Walking wellness program.

Organized staff physical education program.

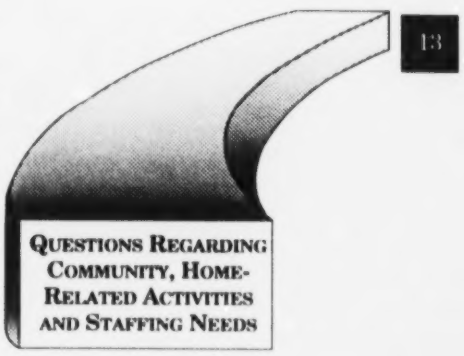
Organized after-school recreational programs.

Education to plan for lifelong fitness programs.

Incorporation of physical activities with classroom activities.

Physical therapy for all students—injured players, the physically challenged.

Comprehensive training program for teachers, coaches, and students concerning steroids, substance abuse, safety, and proper warm-up.



SCHOOL GUIDANCE AND COUNSELING

- ❑ Is there a school psychologist?
- ❑ Is there a school social worker?
- ❑ Is there time for counselors to counsel?
- ❑ Are counselors used as a classroom resource?
- ❑ Are local groups involved in school programs?
- ❑ Do home visits to promote parent/school connection occur?
- ❑ Does a referral policy and identification of referral sources to community agencies exist?
- ❑ Are guidance counselors involved in school support groups for students?
- ❑ Are attendance teachers involved in the school health and wellness program?

Possible Programs and Procedures

Life skills programs.

Ongoing needs survey.

Student assistance program.

Strong confidentiality policy.

Conflict resolution programs.

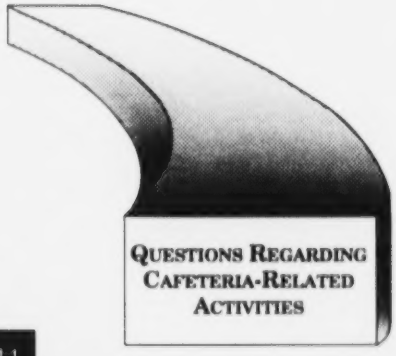
Employee assistance program.

Peer assistance/helper program; peer leadership training.

Team approach to youth at risk; early identification of at-risk youth.

Support groups and other programs for students in need; pregnant/parenting programs.

Counseling and support team to include PPS members and adminstrators to deal with emergency situations of individual students. Teach/consult regarding stress management, suicide, divorce, etc.



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FOOD SERVICES

- ❑ Does a salad bar exist?
- ❑ Is food waste monitored and minimized?
- ❑ Is food presentation appealing and appetizing?
- ❑ Does a breakfast program exist?
- ❑ Does a pleasant eating atmosphere exist?
- ❑ Is the noise level conducive to a pleasant atmosphere?
- ❑ Does sufficient time exist for unhurried eating?
- ❑ Do special or restricted diets exist for staff and students?
- ❑ Are meals well-balanced and age appropriate?
- ❑ Are good hygiene and health practices reinforced?
- ❑ Are parents and students involved in menu planning?
- ❑ Are good manners and lunchroom etiquette encouraged?
- ❑ Do menus list food nutrients and contain healthy messages?
- ❑ Are teachers, parents, and community members encouraged to eat in the cafeteria?
- ❑ Do the cafeteria staff and students treat each other with respect?

Possible Programs and Activities

Elimination of junk food machines.

Nutrition-fitness groups for students.

Cross-generational and interdisciplinary activities.

Student involvement in food service for work study.

Identification of at-risk students for eating disorders.

Fund-raising activities that promote nutritious snacks.

Support groups for students with eating disorders.

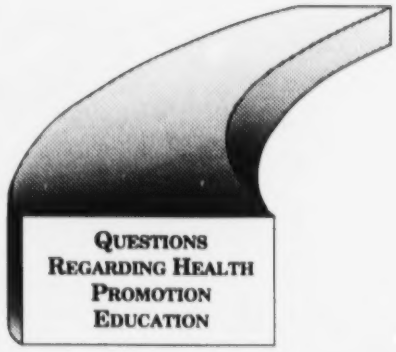
Coaching staff to work with food service personnel on school and home nutrition.

Provide announcements relating to food service over the PA system, incorporating student input.

Marketing techniques employed to promote good nutrition among students.

Nutrition council involving students, parents, staff, and the community.

Network with the Dairy Council, Cooperative Extension, and other related groups.



SCHOOL SITE HEALTH PROMOTION PROGRAMS

- ❑ Does the school sponsor wellness days?
- ❑ Are immunizations available for staff in school?
- ❑ Is there a school-based clinic available for staff?
- ❑ Are CPR and first aid training available for staff?
- ❑ Are staff encouraged to attend health-related conferences?
- ❑ Are speakers available to address health topics for staff?
- ❑ Are programs available for students and staff that address stress management, nutrition education, time management, and smoking cessation?
- ❑ Are health risk assessments available for staff (blood pressure and cholesterol screening)?

POSSIBLE ACTIVITIES

Day care.

Job sharing.

Union support.

Morning stretch.

Staff sweatsuits.

Staff intramurals.

Pleasant faculty room.

Equal opportunity for promotional opportunities.

Health reference library.

Picnics for staff and families.

Employee Assistance Program.

Reduced fees to membership clubs.

Assessment of faculty and staff needs.

Health benefits that pay for prevention.

Recognition program for staff wellness accomplishments.

More preparation time to organize a comprehensive program.

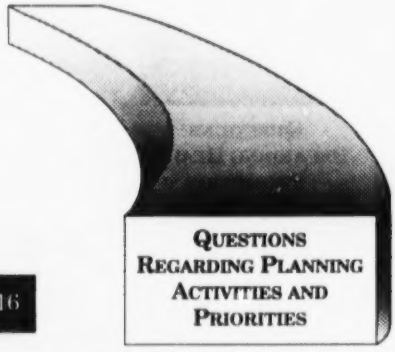
Exercise activities such as walking, aerobics, and weight lifting.

Health promotion separated from labor-management disputes.

Faculty participation in program development and decision making.

Staff facilities to accommodate hygiene needs before and after exercise.

Publicize comparisons of national wellness measures with school staff measures.



INTEGRATED SCHOOL AND COMMUNITY PROGRAMS

- ❑ Is there a community resource analysis?
- ❑ Does training exist for the advisory group?
- ❑ Do incentives exist for attending meetings?
- ❑ Are schools recognized as part of the human service network?
- ❑ Does a strong advisory committee exist that is reflective of community needs?
- ❑ Have clear expectations been established between schools and community-based organizations?
- ❑ Is there consultation with community experts on needs assessment and identification of priorities?
- ❑ Is prior approval and preview of materials and resources needed before utilization in the school?
- ❑ Is there a clear understanding of local environmental impact statements and codes?
- ❑ Does the advisory committee include representatives from community organizations, churches, business, parents, teachers, staff, students, and law enforcement agency?
- ❑ Has a reference check procedure for Community Based Organizations (CBOs) been established to determine their appropriateness in school activities? Do periodic evaluations and reviews occur?

Possible Programs, Activities, and Procedures

Health fairs.

Referral directories.

Adult education programs.

Intergenerational programs.

Community Schools Programs.

Utilization of Local Access Cable TVSupport community volunteers.

Big Brothers/Big Sisters programs.

Student volunteer programs, work study, internships.

Day care in the community provided by interested students.

School facilities available after hours for community programs.

Utilization of community and business technology and resources.

Student involvement in alternate activities in lieu of instruction.

APPENDIX B

BLANK 811 GRID

	HUMAN GROWTH AND DEVELOPMENT	EMOTIONAL HEALTH	NUTRITION	ENVIRON-MENTAL HEALTH	FAMILY LIFE EDUCATION
HEALTHFUL SCHOOL ENVIRONMENT A	A_1	A_2	A_3	A_4	A_5
HEALTH INSTRUCTION B	B_1	B_2	B_3	B_4	B_5
HEALTH SERVICES C	C_1	C_2	C_3	C_4	C_5
PHYSICAL EDUCATION D	D_1	D_2	D_3	D_4	D_5
SCHOOL GUIDANCE AND COUNSELING E	E_1	E_2	E_3	E_4	E_5
FOOD SERVICE F	F_1	F_2	F_3	F_4	F_5
SCHOOL SITE HEALTH PROMOTION PROGRAM G	G_1	G_2	G_3	G_4	G_5
INTEGRATED SCHOOL AND COMMUNITY PROGRAMS H	H_1	H_2	H_3	H_4	H_5

APPENDIX B

DISEASES AND DISORDERS	CONSUMER HEALTH	ALCOHOL TOBACCO AND OTHER DRUGS	SAFETY, FIRST AID, AND SURVIVAL	COMMUNITY HEALTH	HEALTHFUL LIFESTYLES
A_6	A_7	A_8	A_9	A_{10}	A_{11}
B_6	B_7	B_8	B_9	B_{10}	B_{11}
C_6	C_7	C_8	C_9	C_{10}	C_{11}
D_6	D_7	D_8	D_9	D_{10}	D_{11}
E_6	E_7	E_8	E_9	E_{10}	E_{11}
F_6	F_7	F_8	F_9	F_{10}	F_{11}
G_6	G_7	F_8	F_9	F_{10}	F_{11}
H_6	H_7	H_8	H_9	H_{10}	H_{11}

APPENDIX C

811 GRID WITH SAMPLE QUESTIONS

	HUMAN GROWTH AND DEVELOPMENT	EMOTIONAL HEALTH	NUTRITION	ENVIRONMENTAL HEALTH	FAMILY LIFE EDUCATION
HEALTHFUL SCHOOL ENVIRONMENT A	Does the school environment foster a healthy physical, mental, emotional, social, and spiritual growth of students? A_1	Does the school atmosphere foster a sense of belonging? A_2	Do vending machines in the school provide increasingly healthful choices? A_3	Does the school meet all health and safety standards of OSHA? A_4	Does the staff model and promote healthful adult relationships? A_5
HEALTH INSTRUCTION B	Do students learn the characteristics and natural progression of the life cycle and to value and promote a healthy developmental process in themselves? B_1	Are students encouraged to develop patterns of behavior that promote emotional health and healthy relationships? B_2	Do students learn the role of nutrition in promoting and maintaining health and make increasingly healthful food choices? B_3	Do students learn the importance of environment in relationship to health? B_4	Do students learn the responsibilities of family membership, marriage, and parenthood? B_5
HEALTH SERVICES C	Does the school health service staff identify and respond to students' developmental needs? C_1	Does the school health services staff provide all students with the opportunity to receive support and guidance? C_2	Is health counseling provided for students with special nutritional needs (e.g. overweight)? C_3	Are the health service facilities able to accommodate the full range of needed health services? C_4	Does health counseling relate to the full range of family life issues, i.e., pregnant and parenting students? C_5
PHYSICAL EDUCATION D	Does the physical education program provide developmental movement experiences in all activities appropriate to the child's age-related characteristics? D_1	Does the physical education program provide noncompetitive and competitive activities promoting wellness, self-esteem, values education, multicultural awareness, and aesthetics? D_2	Do the students learn relationships between nutritional habits and physical performance? D_3	Does the physical education program provide and stress the use of facilities that are environmentally enhancing to physical performance (i.e. proper lighting, ventilation, and heating or cooling)? D_4	Does the program promote lifetime activities which include family? D_5
SCHOOL GUIDANCE AND COUNSELING E	Are differentiated counseling services provided for students at appropriate developmental levels? E_1	Do pupil service staff model and promote healthful interpersonal relationships? E_2	Are intervention programs provided for students with eating disorders? E_3	Are services provided in a private and confidential manner within the school? E_4	Does the program provide support groups for students with common concerns (e.g. divorce)? E_5
FOOD SERVICE F	Do school menus provide age appropriate nutrients for growth and development? F_1	Do students have input in menu determination? F_2	Do food services support the messages received in the nutrition education program? F_3	Does the cafeteria provide adequate sanitation, space, furniture, lighting, and noise control? F_4	Are the menus and food choices tied to a multicultural education program? F_5
SCHOOL SITE HEALTH PROMOTION PROGRAM G	Do programs address the full range of individual staff needs? G_1	Are programs offered to staff that help improve and maintain their emotional health? G_2	Are programs provided to promote healthful nutritional choices by school staff? G_3	Are staff involved in schoolsite design and improvement? G_4	Does the school have flexible policies to support the family needs of staff? G_5
INTEGRATED SCHOOL AND COMMUNITY PROGRAMS H	Are cooperative activities/programs provided to address developmental levels of students? H_1	Are students and staff made aware of and provided access to community services? H_2	Are parents and community agencies aware of and involved in the nutrition education program? H_3	Does the school promote social responsibility regarding community environmental issues? H_4	Is there a Home-School-Community Advisory Council that addresses family life issues? H_5

APPENDIX C

DISEASES AND DISORDERS	CONSUMER HEALTH	ALCOHOL TOBACCO AND OTHER DRUGS	SAFETY, FIRST AID, AND SURVIVAL	COMMUNITY HEALTH	HEALTHFUL LIFESTYLES
Do policies and practices provide a clean and safe environment? A_6	Are attractive signs/posters/exhibits displayed to promote healthful actions by students and staff? A_7	Do school policies and staff promote a drug-free environment? A_8	Are safety standards included in all programs and services offered by the school for students and staff? A_9	Do school facilities portray a safe and healthful environment within the community? A_{10}	Does the school environment support healthful choices for students? A_{11}
Do students learn risk factors associated with leading causes of morbidity and mortality and the behaviors needed to reduce their risk? B_6	Do students learn and employ the factors involved in making wise decisions which affect the selection and use of health information, products and services? B_7	Do students acquire the information, skills and attitudes necessary to make low risk alcohol/tobacco/drug use decisions? B_8	Do students recognize the importance of safe environments and learn procedures to reduce safety risks and respond effectively in emergencies? B_9	Do students learn to appreciate the importance of developing health services responsive to community needs and how they can contribute to community health? B_{10}	Do students learn to assume responsibility for planning, developing, and maintaining a healthful lifestyle? B_{11}
Are health screening programs related to risk factor identification? C_6	Is there recognition for the consumer rights of students and respect for their rights to protect their own health? C_7	Are procedures for handling medical emergencies related to alcohol and drug use effective? C_8	Are school health service staff certified in first aid and CPR? C_9	Does the school health service staff participate in cooperative school-community programs for screening and referral to services? C_{10}	Does the school health service staff conduct screening programs tied to individual student risk reduction programs? C_{11}
Are physical education programs related to health promotion and risk factor reduction? D_6	Does the physical education program include the promotion of health and the importance of physical activities in the reduction of risk factors and assessment of commercial sports/fitness programs and products? D_7	Do physical education program messages, activities, and policies reinforce the alcohol, tobacco, and other drug use messages conveyed in the health education program? D_8	Are students taught specific safety procedures and do they practice safe use of equipment and facilities? D_9	Does the school collaborate with community members in offering a wide range of physical activities that promote health and wellness for all? D_{10}	Does the physical education program offer developmental experiences in individualized exercise prescriptions and fitness activity regimens for maintaining health fitness levels at all stages of living? D_{11}
Are there supportive services for students managing diseases or disorders? E_6	Are school guidance and counseling services marketed to students in a way that promote their fullest and most appropriate use? E_7	Do school guidance and counseling staff coordinate their efforts with those of alcohol and other drug intervention and treatment specialists to insure continuity of student services? E_8	Are developmentally appropriate child abuse prevention programs provided? E_9	Does the school provide preventive educational programs for parents and other community members? E_{10}	Do students view the use of counseling services as a positive step for lifelong health promotion? E_{11}
Are menu options provided for students with special nutritional needs? F_6	Are foods labeled to provide the information needed for individuals to make healthful selections? F_7	Does the school cafeteria promote selection of caffeine-free foods? F_8	Do school policies and procedures promote food safety and general safety in the school cafeteria? F_9	Are parents and other community members involved in planning school breakfast and/or lunch programs? F_{10}	Does the school provide a variety of healthful, appealing foods for selection by students and staff? F_{11}
Are risk reduction programs provided for staff? G_6	Are staff provided with directories to community health-related service providers? G_7	Is a confidential employee assistance program provided for school staff experiencing alcohol/drug related problems? F_8	Does the school comply with HAZCOM requirements? F_9	Does the school provide activities and programs for staff in cooperation with community agencies? F_{10}	Are there opportunities for staff to practice the behaviors necessary for them to realize a healthful lifestyle? F_{11}
Is there school and community cooperation in the prevention and control of diseases and disorders? H_6	Does the school cooperate with public media to raise community awareness of health-related issues and programs? H_7	Does the program provide a full range of integrated school-community prevention, intervention, and referral services for students, staff, and parents? H_8	Are community resources used to promote safe vehicular and recreational practices? H_9	Are there reciprocal volunteer programs to promote community health between school and community health organizations? H_{10}	Does the school collaborate with the community in developing directories of health promotion opportunities for students, staff, and parents? H_{11}

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A P P E N D I X D

811 GRID ANALYSIS

COMPONENT: CONCEPTUAL AREA:

What Questions should be asked about the Grid for my District?
(Refer to Appendix A for possible questions.)

What are some possible solutions? (Refer to Appendix A for possible programs and activities.)

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Action Plan:

APPENDIX E

ACTION PLAN FOR CSHW

Identify the tasks needed to achieve each objective, who is responsible for the completion of the task, when the task will be completed, and required resources.

OBJECTIVE #

_____

_____

COMPONENT:
CONCEPTUAL AREA:

TASKS	PERSON(s) RESPONSIBLE	BY-WHEN?	REQUIRED RESOURCES

APPENDIX F

ESTABLISHING A HOME/SCHOOL/ COMMUNITY COMPREHENSIVE SCHOOL HEALTH AND WELLNESS ADVISORY COMMITTEE

A broad-based Comprehensive School Health and Wellness Advisory Committee that includes students, parents, community representatives, and school staff should be designated to provide overall program guidance and support. The role of each advisory committee member is one of active participation.

The general functions of an advisory committee may include but are not limited to:

- fulfilling the statutory requirements for an AIDS and Drug Advisory Council, thereby bringing all aspects of school health under one advisory group;
- helping to gather information about local needs and resources;
- participating in the analysis of the needs and resources;
- providing a forum for student, parent, community, and school health-related concerns;
- facilitating linkages between school and community resources;
- acting as an advocate for the program and its participants;
- assisting in program evaluation;
- facilitating communication with representative constituencies;
- developing an action plan, in conjunction with school officials, to handle positive and negative issues.

To achieve student, parent, community, and school staff backing, it is important to select membership that can provide expertise, influence, and support. The Advisory Committee should be balanced in representation of the community's:

- geographical areas;
- economic, social, ethnic, and religious groups;
- philosophies;
- constituencies;
- power base.

Advisory Committee members should include:

- students—male and female, junior and senior high school, including those representing special populations;
- parents—of elementary, junior, senior high school students;
- community representatives—community "gatekeepers", "movers & shakers" (people who are influential in the community), health, social service, legal, law enforcement, media,

religious leaders, business, and industry. Representatives should be elicited from both supportive and opposing interests.

- school staff—members should include those who represent or have responsibility for the 8 component areas as outlined by the American School Health Association: School Nurse-Teachers/School Nurses, Health Coordinators/Health Teachers, Home Economics Teachers, Pupil Personnel Services Staff (School Social Workers, Psychologist, Counselors), Building Administration, Physical Education, Social Studies, Science, Driver Education Teachers, Art Programs, Special Education, Language Arts, Elementary, Food Service, Building & Grounds, Transportation, Unions, etc.

To function effectively, the Advisory Committee needs to be of manageable size. This may result in the need to have one person represent more than one constituency. Advisory groups usually average 20 members. Others can be recruited to work on special task groups but must be thoroughly informed of the Advisory Committee's goals, objectives and activities, to facilitate coordination.

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